

Application for Registration of Radiation Services

Division of Radiological Health

Submit to: Mississippi State Department of Health
 Division of Radiological Health
 Post Office Box 1700
 Jackson, Mississippi 39215-1700
 (601) 987-6893

Application for: New Registration
 Renewal Registration
 Change of Address or Other Information

Facility Information

1. Name (individual, company, corporation, etc.):	2. Telephone No.:																		
3. Mailing Address:																			
4. Other Location(s):																			
5. Type of personnel monitoring provided to employees who are occupationally exposed to radiation: <input type="checkbox"/> Film Badge <input type="checkbox"/> Direct-reading pocket dosimeter <input type="checkbox"/> Thermoluminescent dosimeter (TLD) <input type="checkbox"/> Other (specify):	6. Personnel monitoring exchange frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify):																		
7. Types of Servicing/Services Provided: (check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">Types</td> <td style="width: 33%;">Assembler</td> <td style="width: 33%;">Consultant</td> </tr> <tr> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Install</td> <td><input type="checkbox"/> Calibration – X-Ray Equipment</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Assemble</td> <td><input type="checkbox"/> Calibration – Radiation Instruments</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Repair</td> <td><input type="checkbox"/> Shielding Calculations</td> </tr> <tr> <td><input type="checkbox"/> Industrial Radiography</td> <td></td> <td><input type="checkbox"/> Radiation Surveys</td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td></td> <td><input type="checkbox"/> Other (specify):</td> </tr> </table>		Types	Assembler	Consultant	<input type="checkbox"/> Dental	<input type="checkbox"/> Install	<input type="checkbox"/> Calibration – X-Ray Equipment	<input type="checkbox"/> Medical	<input type="checkbox"/> Assemble	<input type="checkbox"/> Calibration – Radiation Instruments	<input type="checkbox"/> Industrial	<input type="checkbox"/> Repair	<input type="checkbox"/> Shielding Calculations	<input type="checkbox"/> Industrial Radiography		<input type="checkbox"/> Radiation Surveys	<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Other (specify):
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Individual Training Statement

List individuals by name and give formal training and on-the-job training for each. Assemblers *may* submit curriculum vitae. Consultants **MUST** submit curriculum vitae.

Name	Training

Consultants – List the type of radiation measurement instrument(s) used, frequency of calibration, and energy source of calibration. A copy of calibration procedures must also be provided.

Radiation Measurement Instrument	Frequency of Calibration	Energy Source of Calibration	

Certification

The information submitted above is true and correct, and the personnel listed have read and understand the applicable requirements of the *Regulations for Control of Radiation in Mississippi*.

Applicant Named in Item 1 _____ Date _____ Signature _____ Title _____